

Audits - Bay & Central Region 1515 Clay Street, Suite 1109, Oakland, CA 94612 (510) 622-2584, FAX (510) 622-2585

January 16, 2009

Leslie Tremaine, Ph.D., Director Santa Cruz County Mental Health and Substance Abuse Services 1400 Emeline Avenue Santa Cruz, CA 95060

Dear Ms. Tremaine:

AUDIT REPORT - SANTA CRUZ COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Santa Cruz County Mental Health Services for the fiscal period July 1, 2003 to June 30, 2004. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and EPSDT SGF (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

	Settled	Allowed	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 12,465,311	\$ 12,021,574	\$ (443,737)
Federal Share of Healthy Families	\$ 150,998	\$ 145,065	\$ (5,933)
State General Funds EPSDT Due State	\$ 2,776,911	\$ 2,532,308	\$ (244,603)

Leslie Tremaine, Ph.D., Director January 16, 2008 Page 2

If you disagree with any of the results of this audit you may request an informal appeal conference. This request must be in writing and received by the Department of Health Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

TONY GAAN, Supervisor

Audits – Bay & Central Region

Enclosures

CERTIFIED MAIL

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2004

NET REIMBURSABLE MEDI-CAL			As Settled	Audit Adjustments		As Audited
PROGRAM COSTS						
COUNTY PROVIDERS						
MEDI-CAL - FFP	(Sch. 2a)	\$	7,261,650	\$ 271,341	e	7,532,991
HEALTHY FAMILIES - FFP	(Sch. 2a)	Þ	100,250	(2,334)	Ð	97,916
TOTAL FFP - COUNTY PROVIDERS	(SCII. Za)	<u>s</u> -	7,361,900		s	7,630,908
TOTAL TIT - COUNTY TROVIDERS		" —	7,501,500	209,007	پ —	7,030,900
CONTRACT PROVIDERS						
MEDI-CAL - FFP	(Sch. 3b)	\$	5,203,661	\$ (715,078)	\$	4,488,583
HEALTHY FAMILIES - FFP	(Sch. 3b)		50,748	(3,599)		47,149
TOTAL FFP - COTRACT PROVIDERS		\$ -	5,254,409		s —	4,535,732
		_			-	
TOTAL FFP - COUNTY PLUS CONTRACT P	ROVIDERS					
MEDI-CAL - FFP		\$	12,465,311	\$ (443,737)	\$	12,021,574
HEALTHY FAMILIES - FFP			150,998	(5,933)		145,065
TOTAL FFP - COUNTY PLUS CONTRACT F	ROVIDERS	\$	12,616,308	\$ (449,669)	\$	12,166,640
		=			_	
SUMMARY OF STATE GENERAL FUNDS						
EPSDT - SGF	(Sch 4)		2,776,911	(244,603)	\$	2,532,308
DI 0D I - 001	(5014)	_	2,770,911	(244,003)	, *	2,552,508

Note:

The As Settled amount includes a refund of \$346 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 77)

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL

				4 - C-40-4		Audit		4 - 4 - 414 - 4
Т.,	al Medi-Cal Gross Reimbursement		_	As Settled	-	Adjustments		As Audited
1.	Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$	0	\$	0	•	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	Ф	10,335,234	Þ	(1,663)	3	10,333,571
2. 3.	Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)		10,333,234		(1,003)		
ے. 4.	Enhanced SD/MC (Children) - I/P Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		26,650		(3)		0
4. 5.	Enhanced SD/MC (Refugees) - I/P	, , ,		•		0		26,647
		(MH1968, Ln 22)		0		-		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)				0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		133,112		(2,761)	_	130,351
9.	Total		\$ =	10,494,996	\$:	(4,426)	5 =	10,490,570
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		62,053		0		62,053
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)		329		0		329
14	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)		0		0		0
16	Healthy Families Patient Revenue-1/P	(MH 1968, Ln 31)		0		0		0
17	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18	Total		\$_	62,382	\$	0	\$_	62,382
Me	edi-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		10,299,502		(1,666)		10,297,836
21	Enhanced SD/MC (Refugees)-1/P	(Ln 5 - Ln 14)		0		0		0
22	. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23	. Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24	Healthy Families-O/P	(Ln 8 - Ln 17)		133,112		(2,761)		130,351
25	. Total	,	\$_	10,432,614	-	(4,426)	-	10,428,188
M	edi-Cal MAA Reimbursement							
_	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	74,996	\$	0	\$	74,996
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	φ	55,246		(0)		55,246
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		19,414		0		19,414
	. Total	(141111979, Ell 13, COL A)	\$	149,656	_		- _{\$} -	149,656
			Ψ_	177,000	_ •		- "-	177,030

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2004

COUNTY OPERATED FEDERAL			An Cattled		Audit		A o A maliford
Amount Negotiated Rates Exceed Cost		-	As Settled	-	Adjustments	_	As Audited
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 5	ŧ	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	Ψ	0	T.	0	ν	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)		0		0		0
36. Total	(WITT 1906, LIT40, 40A)	<u> </u>		\$ -		s –	
50. Total		" =		" =	 _	" =	_
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	3,220,504	¢	(201,467)	ç	3,019,037
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ \$	2,151,175	_	626,305	_	2,777,480
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$-	2,151,175	_	626,305	. —	2,777,480
55. Medi-Cai Rembulschen	(LOWER OF ER 57, ER 50)	*=	2,131,173	" =	020,303	" =	2,777,400
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limit	t (MH1979, Ln 8)	\$	21,118	\$	(829)	\$	20,289
41. Healthy Families Administration	(MH1979, Ln 9)	\$	21,539	_	12,896	_	34,435
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ -	21,118	-	(829)	_	20,289
	(======================================			· ~ =	()	_	
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	814,325	\$	(163,926)	\$	650,399
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$	3,845	\$	163,926	\$ =	167,771
				. =		_	
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	5,476,606	\$	(828)	\$	5,475,778
46. Enhanced (Children)	(MH1979, Ln 17,17A)		17,109		(2)		17,107
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 1	3)	79,682		(0)		79,682
49. Administrative Reimbursement	(MH1979, Ln 6)		1,075,588		313,152		1,388,740
50. U.R. Skilled Professional	(MH1979, Ln 14)		610,744		(122,944)		487,799
51. U.R. Other	(MH1979, Ln 15)		1,923		81,962		83,886
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0	_	0
53. Subtotal- FFP		\$ =	7,261,650	\$:	271,339	\$ _	7,532,991
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$		\$	0
55. Quality Assurance Review Results	(Adj #)	-	0		0	_	0
56. Total SD/MC Reimbursement - FFP		\$	7,261,650	\$	271,339	\$	7,532,991
Net Healthy Families Reimbursement - FFP		=		= :		Ξ	
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$	86,523	\$	(1,795)	\$	84,728
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	-	0	-	0	~	0
59. Administrative Reimbursement	(MH1979, Ln 10)		13,727		(539)		13,188
60. Total Healthy Families Reimbursement - FFP	(\$	100,250	- \$	(2,334)	s -	97,916
The second secon		Ψ=		= *:	(2,334)	=	71,710
61. Total - FFP (Ln 56 + Ln 60)		\$_	7,361,900	_ \$	269,005	\$_	7,630,907
		-					(To Sch. 1)

SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

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Legal Entity		Medi-Cal and Crossover Gross Cost	(2)** Enhanced - Children Gross Cost	(3) Enhanced - Refugees Gross Cost	Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Cost	Medi-Cal and Crossover Gross Cost	Enhanced - Children Gross Cost	(8) Enhanced - Refugees Gross Cost	Total Gross Cost (Excl. HFP)	Healthy Families Gross Cost
<u>Number</u>	Legal Entity		I N P	ATIE				0 U T F		E N T	
		(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10,10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00115	Seneca Center	\$ 0 \$	D \$	0 \$	D \$	0 \$	28,916 \$	0 \$	0 \$	28,916 \$	0
	Achieve Kids	\$ 0.\$	0 \$	0 \$	D \$	0 \$		0 \$	0 \$	1,251 \$	Ö
	Dominican Hosp	\$ 0.\$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	295,313 \$	ō
	Volunteer Center	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	413,687 \$	0 \$	0 \$	413,687 \$	908
00440	SCCCC	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		32,653 \$	0 \$	4,242,107 \$	61,126
	Front Street	\$ 0 \$	0 \$	0 \$	0 \$	0 \$		0 \$	0 \$	1,947,352 \$	0
00443	FSA of Santa Cruz	\$ 0 \$	0 \$	0 \$	0 \$	D \$	46,102 \$	0 \$	0 \$	46,102 \$	Ō
00595	FSA of Pajaro	\$ 0\$	0 \$	0 \$	0 \$	0 \$	48,284 \$	0 \$	0 \$	48,284 \$	0
00656	Pajaro Valley Prev.	\$ 0 \$	0 \$	0 \$	0 \$	D \$	295,807 \$	0 \$	0 \$	295,807 \$	0
00657	Parents Center	\$ 0 \$	0 \$	0 \$	0 \$	D \$	633,684 \$	1,359 \$	0 \$	635,043 \$	10,503
00964	Unity Care Group	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	417,175 \$	0 \$	0 \$	417,175 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	0 \$	0 \$	0
	-	\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	D \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	D \$	0 \$	0 \$	0
		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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		\$ 0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	\$\$_		0 \$		0 \$	8,337,025 \$	34,012 \$		8,371,037 \$	72,537

SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

		ş	(11) Total	(12) Healthy	2(13) Total	(14) Healthy	7 (15) (15) (15) (15) (15) (15)	(af) 🕶 🤻	(17) A. Total	, 19, 3 (18)55	(19) Total
Legal Entity			Revenue (Excl. HFP)	Families Revenue	Revenue (Excl. HFP)	Families Revenue	Net Cost (Excl. HFP)	Net Cost Healthy Families	Net Cost (Excl. HFP)	Net Cost Healthy Families	MAA FFP
Number	Legal Entity	Г	INPAT		QUTPAT			TIENT		ATIENT	Reimbursement
110111201	2941 6::::::		(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979,
			Ln 28 to 30)	Ln 31)	Ln 28 to 30)	Ln 31)	(0014-11)	(00.0 12)	(001 5-10)	(00: 10-14)	Ln 11-13)
	Seneca Center	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	28,916 \$		0
	Achieve Kids	\$	0 \$	0 \$	0 \$	0 \$	0 \$, , ,	1,251 \$		0
	Dominican Hosp	\$	0 \$	0 \$	4,841 \$	0 \$	0 \$		290,472 \$		0
	Volunteer Center	\$	0 \$	0 \$	4,666 \$	0 \$	0 \$	0 \$	409,021 \$		0
	SCCCC	\$	0 \$	0 \$	3,113 \$	0 \$	0 \$	0 \$	4,238,994 \$		40,665
	Front Street	\$	0 \$	0 \$	12,360 \$	0 \$	0 \$	0 \$	1,934,992 \$		0
	FSA of Santa Cruz	\$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	46,102 \$		0
	FSA of Pajaro	\$	0 \$	0 \$	0 \$	0 \$	0 \$	• •	48,284 \$		0
	Pajaro Valley Prev.	\$	0 \$	0 \$	2,592 \$ 235 \$	0 \$	0 \$	0 \$	293,215 \$		U
	Parents Center	2	0 \$ 0 \$	0 \$ 0 \$	235 \$	0 \$	0 \$	0 \$	634,808 \$	10,503 \$	U
009 0 4	Unity Care Group	0 \$	0.\$	0 \$ 0 \$	0 \$	0 \$ 0 \$	0 \$ 0 \$	0 \$	417,175 \$ 0 \$		U
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0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	Ō
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
	GRAND TOTAL	\$	0 \$	0 \$	27,807 \$	0 \$		0 \$	8,343,230 \$	72,537 \$	40,665

SANTA CRUZ COUNTY SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST FISCAL PERIOD ENDED JUNE 30, 2004

Company of the Compan

		(49)	Neg. Rates	(21) Neg. Rates	Neg. Rates	Neg. Rates					
Legal Entity			Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Exceed Costs (Excl. HFP)	Exceed Costs Healthy Families	Total SD/MC Reimbursement	Healthy Families Reimbursement	Total Reimbursement	FFP Contract	Lower of FFP or Contract
Number	Legal Entity	[INPA	TIENT	OUTPA		(FFP)	(FFP)	(FFP)	Maximum	Maximum
		-	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1968,	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)		
			Ln 38 to 39)	Ln 40, 40A)	Ln 38 to 39)	Ln 40, 40A)					
00115	Seneca Center	\$	0 \$	0 \$	0 \$	0 \$		0 \$		15,386 \$	15,386
00144	Achieve Kids	\$	0 \$	0 \$	0 \$	0 \$		0 \$	680 \$	680 \$	680
00232	Dominican Hosp	5	0 \$	0 \$	0 \$	0 \$		0 \$	154,856 \$	349,797 \$	154,856
00439	Volunteer Center	\$	0 \$	0 \$	0 \$	0 \$		590 \$	218,646 \$	484,911 \$	218,646
00440	SCCCC	\$	0 \$		0 \$	0 \$ 0 \$		39,732 \$	2,340,706 \$	\$ 074.540.0	2,340,706
00442	Front Street FSA of Santa Cruz	9	0 \$	0 \$	0 \$ 0 \$	0 \$ 0 \$.,	0 \$	1,031,667 \$	1,871,542 \$	1,031,667
00443 00595		. J	0.5	0 \$	0 \$ 0 \$	0.5	24,561 \$	0 \$	24,561 \$	38,641 \$	24,561
00656	FSA of Pajaro Pajaro Valley Prev.		0 \$	0 \$	0.\$	0.\$	25,748 \$	0 \$	25,748 \$ 155,664 \$	28,172 \$	25,748
00657	Parents Center		0.5	0.5	0.5	0 \$	155,664 \$	0 \$ 6,827 \$		\$	155,664
00964	Unity Care Group	9	0.8	0.5	0 \$	0 \$	338,379 \$ 222,612 \$		345,206 \$	252,739 \$	345,206
00904	Offiny Care Group	0 \$	0.\$	0.5	0 \$	0.\$	222,012 \$	0 \$ 0 \$	222,612 \$ 0 \$	252,739 \$	222,612
0		0 \$	0.\$	0 \$	0 \$	0 \$	0.5	0 \$	0.5	0 \$	0
0		0.\$	0.\$	0.\$	0 \$	0 \$	0.5	0.5	0 \$	0.0	0
ň		0.\$	0 \$	0 \$	0 \$	0 \$	0.5	0 \$	0.5	0 3	0
n		0 \$	0 \$	0.\$	0 \$	0 \$	0 \$	0.5	0.5	0 9	0
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- 0		0.5	0.5	0 \$	0 \$	0.\$	0.5	0 \$	0.5	Ů \$	ñ
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0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
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0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0
0		0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	0 \$	ō
	GRAND TOTAL	\$_	0 \$	0 \$	0 \$	0 \$	4,488,583 \$	47,149 \$	4,535,732 \$	3,041,868 \$	4,535,732

SANTA CRUZ COUNTY COMMUNITY MENTAL HEALTH SERVICES COMPUTATION OF EPSDT STATE SHARE PER AUDIT FISCAL YEAR ENDED JUNE 30, 2004

	_	As Settled	Audit Adjustments	As Audited
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 1	8) (including contractors) \$	19,984,417 \$	(1,343,351) \$	18,641,066
(2) Total SD/MC Claims	(Adjustments 68, 70 & 72)	26,114,592	(1,218)	26,113,374
(3) Percent % (Line 1/Line 2)		0.7653	(0.0514)	0.7139
(4) EPSDT Claims	(Adjustments 69, 71 & 73)	11,321,497	(1,218)	11,320,279
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)		8,664,342	(582,795)	8,081,547
(6) Cost Settled Baseline for EPSDT		2,450,509	0	2,450,509
(7) Net Cost Settlement Amount (Line 5 - Line 6)		6,213,833	(582,795)	5,631,038
(8) 46.70% of Cost Settlement Amount (Line 7 x 46.70%)		2,901,860	(272,165)	2,629,695
(8a) FY 2001-02 EPSDT Settlement		1,655,825	0	1,655,825
(8b) Annual Local Growth (L. 8 - 8a)		1,246,035	(272,165)	973,870
(9) County Match 10% of Local Growth (8b x 10%)		124,604	(27,217)	97,387
(10) Net Cost Settlement Amount (L. 8 - 9)	(Adjustment 74)	2,777,257	(244,948)	2,532,308
(11) SGF Distribution (Settled and Audited)	(Adjustments 75 - 77)	2,777,257	(346)	2,776,911
(12) SGF Due State	(Adjustment 78)	<u>0</u> \$	(244,603) \$	(244,603) (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2003-2004, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) (9)
- (11) SGF gross distribution (See DMH letter dated August 1, 2003 sent to Local Mental Health Directors)
 Includes adjustment for additional SGF and ASO non participants
 The original EPSDT Settlement letter shows SGF distributed \$3,213,902.47, which represents the county owed \$436,645.97 to the State. The county provide documents to prove that it has already paid back to State. See <W/P 11 F 2-2> for detail.
- (12) Amount owed back to the state cannot be more than was advanced.

Provide	SANTA CRU	Z COUN	TV		Provider Number		No. of Adj. 78				d Ended 2004
	Report Refe		-			-		-		30,	
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	IENTS		As Reported		Increase (Decrease)		As Adjusted
				ADJUSTMENTS TO REPORTED COSTS	<u> </u>						
1	MH 1960	3	С	PAYMENTS TO CONTRACT PROVIDERS (COUNTY ONLY)		\$	(18,297,298)	\$	981,450	\$	(17,315,848)
				To reclassify general operating, telecom, patient data, patient acc clerical support and department operating & labor costs from the Contractors to the County Administrative Costs.							
2 3	MH 1960 MH 1960	9 10	C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$	2,151,175 21,539	\$ \$	827,482 8,285	\$ \$	2,978,657 * 29,824 *
4 5	MH 1960 MH 1960	11 12	CC	NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$_ \$_	378,727 2,551,441	\$_ \$_	145,683 981,450	\$ _ \$ _	524,410 * 3,532,891 *
				To adjust SD/MC, Healthy Families and Non-SD/MC administrativ of adjustment 1 above. The distribution of SD/MC, Healthy Familiadministrative costs was based on the reported administrative cost on the cost reported.	es and Non-SD/MC		·				
6 7 8	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	,	**	2,978,657 29,824 524,410 3,532,891	\$ \$ \$	(201,177) 4,611 196,566 0	\$ \$ \$_	2,777,480 34,435 720,976 3,532,891
				To allocate SD/MC, Healthy Families and Non-SD/MC administral based on the MAA percentage (85.03%) that the County used in the Outreach, Support and Healthy Families was considered before the Non-SD/MC could be determined.	he cost report.	=	,	-		-	, , , , , ,
9 10	MH 1960 MH 1960 MH 1960	13 14 16	CCC	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS		\$ \$_ \$_	814,325 3,845 818,170	\$ \$	(163,926) 163,926 0	\$ \$ \$	650,399 167,771 818,170
				To reclassify Utilization Review Costs to move Operating costs fro Medical Personnel to Other SD/MC Utilization Review to agree wit (DMH Letter 94-09).							
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider					Provider Number	No. of Adj.	Fiscal P	eriod Ended
	SANTA CRUZ	COUN	TY		00044	78	June	30, 2004
	Report Refe	rence				As	Increase	As
Adj.	Form/	Ī		EXPLANATION OF AUDIT ADJUSTN	MENTS	Reported	(Decrease)	Adjusted
No.	Sch.	Line	Col.	ADJUSTMENTS TO REPORTED ALLOWABLE SD CONTRACT PROVIDERS	MC COST			
11 12 13 14 15	NH 1964 NH 1964 NH 1964 NH 1964 NH 1964 NH 1964 MH 1964 MH 1964 MH 1964	3 4 5 6 7 8 3 5 8	A A A A A A A A A A A A A A A A A A A	SCCC - OTHER 24 HOUR SERVICES (05-65) SCCC - DAY SERVICES (MODE 10) SCCC - OUTPATIENT SERVICES (MODE 45) SCCC - OUTREACH SERVICES (MODE 45) SCCC - MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55 SCCC - SUPPORT SERVICES (MODE 60) TOTAL FRONT STREET - OTHER 24 HOUR SERVICES (MODE 05 ALI FRONT STREET - OUTPATIENT SERVICES (MODE 15 PROGIFRONT STREET - SUPPORT SERVICES (MODE 60) TOTAL To reclassify room and board costs from Mode 05 and 15 to Mod accordance with the SD/MC Manual for the Rehabilitation Option Case Management, and CAC, Title 9, Section 1840.312.	L OTHER SFC) RAM 1 + PROGRAM 2) le 60, in	T,	\$ (289,155) \$ 0 \$ (13,928) \$ 0 \$ 303,083 \$ 0 \$ (343,640) \$ 0 \$ 343,640 \$ 0	\$ 1,100,802 \$ 317,991 \$ 4,040,484 \$ 344,233 \$ 98,320 \$ 722,746 \$ 6,624,576 \$ 766,335 \$ 1,514,612 \$ 2,876,543 \$ 5,157,491
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider					Provider Number	T	No. of Adj.		Fiscal	Perio	d Ended
	SANTA CRUZ	Z COUN	TY	· · · · · · · · · · · · · · · · · · ·	00044		78		Jun	e 30,	2004
Adj.	Report Refe	erence	1	EXPLANATION OF AUDIT ADJUSTN	IENTS	As Increase Reported (Decrease)		As Adjusted			
No.	Sch.	Line	Col.	EXI EXIVATION OF AGENT AGGOTT				_		1	
				ADJUSTMENTS TO REPORTED ALLOWABLE SD CONTRACT PROVIDERS	MC COST						
16	MH 1964	1	1	MODE COSTS FROM MH 1960 (DIRECT SERVICES AND MAA)	\$	16,803,016	\$	(981,450)	\$	15,821,566
				To adjust contract provider costs to eliminate the County adminis explained in adjustment 1 above. The following contractors were							
				TELECARE SENECA CENTER ACHIEVE KIDS DOMINICAN SC HOSPITAL CRESTWOOD HOSPITALS VOLUNTEER CENTER SCCCC FRONT STREET FSA OF SANTA CRUZ FAMILY SERVICE OF PAJARO VALLEY PAJARO VALLEY PREVENTION AND STUDENT ASSISTANCE PARENTS CENTER 7TH AVENUE CENTER UNITY TOTALS		\$ <u></u>	66,438 30,267 1,298 1,091,936 182,445 1,513,542 6,624,576 5,157,491 71,096 51,834 388,604 702,085 456,383 465,021 16,803,016	\$ = =	(751) (1,351) (47) (56,040) (4,546) (60,583) (396,787) (358,392) (4,494) (3,551) (27,954) (44,512) (6,473) (15,966)	\$	65,687 28,916 1,251 1,035,896 177,899 1,452,959 6,227,789 4,799,099 66,602 48,283 360,650 657,573 449,910 449,055
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provide					Provider Number	No. of Adj.		riod Ended
	SANTA CRUZ	Z COUN	TY		00044	78	June 3	80, 2004
Adj.	Report Refe	erence	<u> </u>	EXPLANATION OF AUDIT ADJUSTM	MENTS	As Reported	Increase (Decrease)	As Adjusted
No.	Sch.	Line	Col.					
				ADJUSTMENTS TO REPORTED TOTAL UOS COUNTY AND CONTRACT PROVIDERS SANTA CRUZ COUNTY 00044				
17 18	MH 1966 MH 1966	2 2	G C	SFC 15-60 MHS 15-40 SCCC 00440	Program 2	88,640 375,990	(1,020) 360	87,620 376,350
19	MH 1966	2	E	SFC 15-40 FSA of SANTA CRUZ 00443		1,058,561	103	1,058,664
20	MH 1966	2	D	SFC 15-50 To adjust total units of service to agree with the County's PSP 14	2 report.	600	(38)	562
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider			==		Provider Number	No. of Adj.		eriod Ended
	SANTA CRUZ	COUN	TY		00044	78	June 3	30, 2004
	Report Refe	rence		The substitute of Audit Ad High	ITNIC	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN		reported		
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN	TS/TIME ID 2			
21 22 23 24 25 26	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	3 4	1,284,160 3,768,586 0 2,250 1,020 13,937 0 16,378 49,146 5,135,477	2,735 139 0 (161) 0 0 0 (784) (248) 1,681	1,286,895 * 3,768,725 * 0 * 2,089 * 1,020 * 13,937 * 0 * 15,594 * 48,898 * 5,137,158 *
	MULADOSA	a	TOTAL	To adjust the above mentioned settled units of service/time for the Operated facilities to agree with the State DMH Approved Claims dated Feburary 11, 2008 (Excluding disallowed claims of 5,285 u submitted workpapers to the County which shows the details of the adjustments. Phase II was included. MEDI-CAL UNITS 07/01/03 - 09/30/03	Report os/uot). The auditor	1,286,895	0	1,286,895 *
27	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL	MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04	3 *** 4 *** *** ***	3,768,725 0 2,089 1,020 13,937 0 15,594 48,898 5,137,158	(516) 0 0 0 0 0 0 0 0 0 (516)	3,768,209 * 0 * 2,089 * 1,020 * 13,937 * 0 * 15,594 * 48,898 * 5,136,642 *
28				TOTAL To adjust the State DMH Approved Claims Report dated Feburar the results of the EPSDT audit findings dated August 23, 2005. by the State DMH Oversight Branch.	y 11, 2008 to incorporate	3,137,136	(313)	0,100,072
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provide					Provider Number	No. of Adj.		eriod Ended
	SANTA CRUZ	COUN	TY		#REF!	0	June :	30, 2004
	Report Refe	rence				As	Increase (Decrease)	As Adiusted
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Declease)	
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN	<u>TS/TIME</u> D 2			
29 30 31 32 33 34	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of set to agree with the County's records (Excluding disallowed claims of	4 *** ** ** ** ** ** ** ** ** *	1,286,895 3,768,209 0 2,089 1,020 13,937 0 15,594 48,898 5,136,642	(739) (1,548) 0 161 0 0 0 784 (503) (1,845)	1,286,156 * 3,766,661 * 0 * 2,250 * 1,020 * 13,937 * 0 * 16,378 * 48,395 * 5,134,797 *
35	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	The auditor submitted work papers to the County which shows th adjustments. Phase II was included. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/0 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/0 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the State DMH Approved Claims Report dated Feburar the results of the EPSDT audit findings dated August 23, 2005. To the State DMH Oversight Branch.	e details of the above	1,286,156 3,766,661 0 2,250 1,020 13,937 0 16,378 48,395 5,134,797	0 (516) 0 0 0 0 0 0 0 (516)	1,286,156 * 3,766,145 * 0 * 2,250 * 1,020 * 13,937 * 0 * 16,378 * 48,395 * 5,134,281 *
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provide	er	******			Provider Number	No. of Adj.	Fiscal Per	riod Ended	
	SANTA CRUZ	Z COUN	ITY		00044	78	June 3	0, 2004	
	Report Refe	erence				As	Increase	As	
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted	
				ADJUSTMENTS TO REPORTED MEDICAL UNI COUNTY PROVIDERS - PROGRAMS 1 AN					
37 38 39	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/03 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	4 ** ** ** ** ** ** ** **	1,286,156 3,766,145 0 2,250 1,020 13,937 0 16,378 48,395 5,134,281	0 95 0 0 0 0 0 0 751 846	1,286,156 * 3,766,240 * 0 * 2,250 * 1,020 * 13,937 * 0 * 16,378 * 49,146 * 5,135,127 *	
40 41 42 43 44 45	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the County's records to include the allowable suspense not included in the PSP 356 Report. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned units of service/time to incorporate of the lower of DMH approved units vs. the County's records by SI auditor submitted work papers to the County which shows details adjustments. Phase II was included.	the controls	1,286,156 3,766,240 0 2,250 1,020 13,937 0 16,378 49,146 5,135,127	(181) (132) 0 (161) 0 0 0 (965) (781) (2,220)	1,285,975 3,766,108 0 2,089 1,020 13,937 0 15,413 48,365 5,132,907	
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.					

were followed the fact that the first of the second of the

Provide	SANTA CRU	7 COUN	ITY		Provider Number 00044	No. of Adj.	1	eriod Ended 30, 2004
	Report Refe					As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMEN	NTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNITS/ CONTRACT PROVIDERS	TIME			
46 47 48 49 50 51	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned settled units of service/time for the Co Operated facilities to agree with the State DMH Approved Claims Rej dated Feburary 11, 2008 (Excluding disallowed claims of 5,285 uos/u submitted workpapers to the County which shows the details of the al adjustments.	oort ot). The auditor	764,038 2,869,230 0 1,098 41,544 0 9,789 37,251 3,722,950	791 8,251 0 0 (549) (20,322) 0 0 (31) (11,860)	764,829 * 2,877,481 * 0 * 0 * 549 * 21,222 * 0 * 9,789 * 37,220 * 3,711,090 * 1
52 53 54 55	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the SD/MC, Enhanced and Healthy Families units of service to agree with the County's records (Excluding disallowed claims of 5,3 The auditor submitted work papers to the County which shows the del adjustments. Phase II was included. * Balance carried forward to subsequent adjustment.	285 uos/uot).	764,829 2,877,481 0 0 549 21,222 0 9,789 37,220 3,711,090	54 (265) 0 0 0 0 0 0 (642) (853)	764,883

Provide	ſ				Provider Number	No. of Adj.	Fiscal Pe	riod Ended
	SANTA CRU	COUN	ITY		00012	78	June 3	30, 2004
	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDICAL UNI CONTRACT PROVIDERS	TS/TIME			İ
56 57	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL	4 ***	764,883 2,877,216 0 0 549 21,222 0 9,789 36,578 3,710,237	0 0 0 0 0 0 0 0 0 0 673 673	764,883 2,877,216 0 0 549 21,222 0 9,789 37,251 3,710,910
58 59 60 61	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL	To adjust the County's records to include the allowable suspense not included in the PSP 356 Report. MEDI-CAL UNITS 07/01/03 - 09/30/03 MEDI-CAL UNITS 10/01/03 - 06/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/03 - 09/30/03 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/03 - 09/30/03 ENHANCED SD/MC (CHILDREN) UNITS 10/01/03 - 06/30/04 ENHANCED SD/MC (REFUGEES) UNITS 07/01/02 - 06/30/03 HEALTHY FAMILIES (SED) UNITS 07/01/03 - 09/30/03 HEALTHY FAMILIES (SED) UNITS 10/01/03 - 06/30/04 TOTAL To adjust the above mentioned units of service/time to incorporate of the lower of DMH approved units vs. the County's records by SI auditor submitted work papers to the County which shows details adjustments.	the controls	764,883 2,877,216 0 0 549 21,222 0 9,789 37,251 3,710,910	(59) (841) 0 0 0 0 0 0 (821) (1,721)	764,824 2,876,375 0 0 549 21,222 0 9,789 36,430 3,709,189
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

Provider					Provider Number	No. of Adj.	Fiscal F	Period Ended
<u> </u>	SANTA CRUZ	Z COUN	TY	,	00044	78	June	30, 2004
ļ	Report Refe	rence				As	Increase	As
Adj. N o.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS 	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO PATIENT AND OTHE PAYOR REVENUES - CONTRACT PROVIDE			1 1	
62	MH 1968 MH 1968	28 28A	K	PATIENT AND OTHER PAYOR REVENUES 07/01/03 - 09/30/03 PATIENT AND OTHER PAYOR REVENUES 10/01/03 - 06/30/04 TOTAL		\$ 0 \$ 0	\$ 0 \$ <u>235</u> 235	\$ 0 \$ <u>235</u> <u>235</u>
				To adjust patient and other payor revenues to agree with the Coul and supporting documentation	nty's records			
				ADJUSTMENTS TO REPORTED SD/MC SETTLE COUNTY PROVIDERS	EMENT			
63 64	MH 1979 MH 1979	23 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/ TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - COUNTY PROVIDERS	/MC)	\$ 7,261,650 \$ 100,250 \$ 7,361,900	\$ 271,341 \$ (2,334) \$ 269,007	\$ 7,532,991 \$ 97,916 \$ 7,630,907
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Familie to adjustments to costs and units of service/time.	s (FFP) due			
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	**********			Provider Number	No. of Adj.	Fiscal	Period Ended
SANTA	RUZ COUN	ITY		00044	78	June	≥ 30, 2004
Report	Reference				As	Increase	As
Adj. Form No. Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTM	ENTS Reported		(Decrease)	Adjusted
			ADJUSTMENTS TO REPORTED SDIMC SETTL CONTRACT PROVIDERS	EMENT			
65 MH 19 66 MH 19		J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD TOTAL HEALTHY FAMILIES REIMBURSEMENT TOTAL REIMBURSEMENT - CONTRACT PROVIDERS To adjust the SD/MC (FFP) and Healthy Families (FFP) due to ad to revenues and units of service/time.	·	\$ 5,203,661 \$ 50,748 \$ 5,254,409	\$ (715,078) \$ (3,599) \$ (718,677)	\$ 4,488,583 \$ 47,149 \$ 4,535,732
			Seneca Center Achieve Kids Dominican Hosp Volunteer Center SCCCC Front Street FSA of Santa Cruz FSA of Pajaro Pajaro Valley Prev. Parents Center Unity Care Group	00115 00144 00232 00439 00440 00442 00443 00595 00656 00657 00964	\$ 16,105 698 171,858 235,292 2,651,669 1,367,195 26,955 27,642 170,236 369,305 217,453 \$ 5,254,409	\$ (719) (18) (17,002) (16,646) (310,963) (335,528) (2,394) (1,894) (14,572) (24,099) 5,159 (718,677)	\$ 15,386 680 154,856 218,646 2,340,706 1,031,667 24,561 25,748 155,664 345,206 222,612 \$ 4,535,732

Provider					Provider Number	No. of Adj.		Fiscal	Perio	d Ended
	SANTA CRU	Z COUN	ΓY		00044	78		Jur	e 30,	2004
	Report Refe	erence				As		Increase		As
Adj.	Form/			EXPLANATION OF AUDIT ADJUSTN	IENTS	Reported	- 1	(Decrease)	1	Adjusted
No.	Sch.	Line	Col.				-		+-	
1				ADJUSTMENTS TO AS SETTLED EPSDT STATE GEN	NERAL FUNDS					
67	SCH 4	1	3	SD/MC ACTUALS		\$ 19,984,417	\$	(1,343,351)	\$	18,641,066
				To adjust SD/MC actuals as a result of adjustments to total comp as reflected in the MH 1979 forms for both the County Program a providers. The amounts utilized for this purpose was SD/MC and Outpatient services only.	nd its contract					
68 69	SCH 4 SCH 4	2 4	3	TOTAL SD/MC CLAIMS EPSDT CLAIMS		\$ 26,114,592 \$ 11,321,497		(17,437) (17,437)	\$	26,097,155 * 11,304,060 *
				To adjust total SD/MC claims and EPSDT claims to include the reaudit of the EPSDT Program conducted by the State Department reflected in the report dated March 3, 2008. The Report covered April 1, 2004 through June 30, 2004. This represents the original	of Mental Health as the period from					
70 71	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$ 26,097,155 \$ 11,304,060		17,437 17,437	\$	26,114,592 * 11,321,497 *
				To adjust total SD/MC claims and EPSDT claims to reverse the or included in adjustments 68 and 69 above. The revised findings a Claims and EPSDT Claims" will be taken in adjustments 72 and 7	ffecting "Total SD/MC					
72 73	SCH 4 SCH 4	2 4	3 3	TOTAL SD/MC CLAIMS EPSDT CLAIMS	**	\$ 26,114,592 \$ 11,321,497		(1,218) (1,218)	\$	26,113,37 4 11,320,279
				To adjust total SD/MC claims and EPSDT claims to include the re revised audit of the EPSDT Program conducted by the State Depa as reflected in the report dated March 3, 2008. The Report covers April 1, 2004 through June 30, 2004. This represents the revised	artment of Mental Health ed the period from					
				* Balance carried forward to subsequent adjustment. * Balance brought forward from prior adjustment.						

Provide	r SANTA CRU	17.00UN	TV		Provider Number 00044	T	No. of Adj.	T			I Ended
						-	78	+-	Jun	e 30, :	2004
Adj.	Report Ref	Line	Col.	EXPLANATION OF AUDIT ADJUSTME	ENTS		As Reported		Increase (Decrease)		As Adjusted
140.	Juli.	Lille	Coi.	ADJUSTMENTS TO AS SETTLED EPSDT STATE GENI	ERAL FLINDS	1		1		-	
74	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	<u> </u>	\$	2,777,257	\$	(244,949)	\$	2,532,308
				To adjust net cost settlement amount as a result of adjustments to (Total Computable Medical), total SD/MC claims and EPSDT claim							
75	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION		\$	2,777,257	\$	(4,957)	\$	2,772,300 *
				To adjust State General Fund Distribution to include the results of a audit of the EPSDT Program conducted by the State Department o reflected in the report dated March 3, 2008. The Report covered the April 1, 2004 through June 30, 2004. This represents the SGF orig	f Mental Health as ne period from						٠.
76	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	. **	\$	2,772,300	\$	4,957	\$	2,777,257 *
				To adjust State General Fund Distribution to reverse the original Standard in adjustment 75 above. The revised findings affecting "S Distribution" will be taken in adjustments 77 below.							
77	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	2,777,257	\$	(346)	\$	2,776,911 *
				To adjust the State General Fund Distribution to reflect the results of findings included in the final report dated March 3, 2008.	of the revised EPSDT						
78	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION	**	\$	2,776,911	\$	(244,603)	\$	2,532,308
				To adjust state general funds due State to incorporate the results o through 77 above.	f adjustments 67						
ļ											
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

DEPARTMENT OF MENTAL HEALTH

CALCULATION OF PROGRAM COSTS MH 1960 (08/04)

FISCAL YEAR 2003 - 2004

	Legal Entity: SANTA CRUZ COUNTY	Α	В	С
Le	gal Entity Number: 00044	Salaries		Total
		and Benefits	Other	Costs
1	Mental Health Expenditures	15,134,077	20,751,591	35,885,668
2	Encumbrances		(48,439)	
3	Less: Payments to Contract Providers (County Only)		(17,315,848)	(17,315,848)
4	Other Adjustments from MH 1962	(4,586,185)	3,803,583	(782,603)
5	Total Costs Before Medi-Cal Adjustments	10,547,891	7,190,887	17,738,778
6	Medi-Cal Adjustments from MH 1961	(577,596)	563,479	(14,117)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			17,724,661
	Administrative Costs (County Only)			
9	SD/MC Administration	grande Majora de a Britania de la Britania		2,777,480
10	Healthy Families Administration			34,435
11	Non-SD/MC Administration			720,976
12	Total Administrative Costs		الله الله الله الله الله الله الله الله	3,532,891
				land in the
	Utilization Review Costs (County Only)	The state of the s		
13	Skilled Professional Medical Personnel	Market Carlot (1977) Takin manada Market Language		650,399
14	Other SD/MC Utilization Review			167,771
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			818,170
			gain Carrie	5 kg
17	Research and Evaluation (County Only)			
			\(\frac{\tau}{2}\)	
18	Mode Costs (Direct Service and MAA)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 1	13,373,600
19	Total Costs - Lines 9 through 18		·. 	17,724,661

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY MEDI-CAL ADJUSTMENTS TO COSTS MH 1961 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County Code: 44			
Legal Entity: SANTA CRUZ COUNTY	A	В	C
Legal Entity Number: 00044	Salaries	1	Total
	and Benefits	Other	Adjustments
1 Fixed Assets Purchased			
2 Use Allowance		(157,304)	(157,304
3 Depreciation Expense		284,188	284,188
4 Building Financing Expense		639,807	639,807
5 Detention Services	(577,596)	(203,212)	(780,808
6			
7			
8			
9			
10			
11			
12			
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15			
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24			
25			
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29		 	
30		-	
31		<u>-</u>	
32			
33			
34			
35 Total Adjustments	(577,596)	563,479	(14,117
oo rotar Aujustinents	1 (3(1,380)	503,479	(14,117

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY OTHER ADJUSTMENTS MH 1962 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

	Legal Entity: SANTA CRUZ COUNTY	Α	В	С
Le	gal Entity Number: 00044	Salaries		Total
		and Benefits	Other	Adjustments
1	St. Dept. of Rehab. Contract	(81,430)	(64,742)	(146,172)
2	FQHC Costs	(2,096,724)	(1,799,070)	(3,895,794)
3	Cost Allocation Adjustment		(48,961)	(48,961)
4	Intra-Fund Transfers		1,677,995	1,677,995
5	Contractor Cost Adjustments		1,926,701	1,926,701
6	Patient Data, Patient Acctg, & Clerical Support	(2,387,087)	2,387,087	
7	State Hospital		(268,245)	(268,245)
8	Alcohol & Drug Admin. Support	(20,945)	(7,183)	(28, 128)
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments	(4,586,185)	3,803,583	(782,603)

CALIFORNIA HEALTH AND HUMAN SERVICES AGENCY ALLOCATION OF COSTS TO MODES OF SERVICE MH 1964 (08/04)

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY

County Code: 44

	Legal Entity: SANTA CRUZ COUNTY	Harrie A	1
Le	egal Entity Number: 00044	To Co	tal sts
1	Mode Costs (Direct Service and MAA) from MH 1960		13,373,600
	Modes		y deed Something by the second
2	Hospital Inpatient Services (Mode 05-SFC 10-19)		
3	Other 24 Hour Services (Mode 05-All Other SFC)		69,561
4	Day Services (Mode 10)		1,947,292
5	Outpatient Services (Mode 15 Program 1 + Program 2)		10,315,775
6	Outreach Services (Mode 45)		282,108
7	Medi-Cal Administrative Activities (Mode 55)		162,803
8	Support Services (Mode 60)		596,061
9	Total - Lines 2 through 8		13,373,600

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY

County Code: 44	CR

1 -									
	Legal Entity: SANTA CRUZ COUNTY		A	В	С	D	E	F	G
Le	gal Entity Number: 00044			Service	Service	Service	Service	Service	Service
<u> </u>	Mode: 05 - Other 24 Hour Services (Al	Other SFC)	Mode Total	Function	Function	Function	Function	Function	Function
<u> </u>	Altocation Derportogo		100.000/	60	 	 		 	ļ
1 2	Altocation Percentage		100.00%	100.00% 695	}	 	 	 	
3	Gross Cost		69,561	69,561		 	 	}	
			03,301			 	 		
4	Cost per Unit			100.09	ļ	 		 	
5	SMA per Unit			45440	 	 	 	ļ	
7	Published Charge per Unit Negotiated Rate / Cost per Unit		ļ	154.49		 	}	}	
<u> </u>	Negotiated Rate / Cost per Onit					i	<u> </u>	 	<u> </u>
8	Medi-Cal Units	07/01/03 - 09/30/03				 	<u> </u>	ļ	L
8A		10/01/03 - 06/30/04				l	l	L	ļ
9	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03				ļ	 	 	
9A		10/01/03 - 06/30/04	ria	<u> </u>	ļ	ļ	ļ	ļ	
10	Enhanced SD/MC (Children) Units	07/01/03 - 09/30/03			<u> </u>	 	 	 	
10A	10/01/03 - 06/30/04 hhanced SD/MC (Refugees) Units 07/01/03 - 06/30/04					 	 	∤	<u> </u>
	Chilanced Surmo (Relugees) Units		3.86 (<u> </u>		 	 	ł	
11 11A	Healthy Families (SED) Units	07/01/03 - 09/30/03 10/01/03 - 06/30/04	- Page			 	 	 	
11A	Non-Medi-Cal Units	The State of the S	695		 	 	 	 	
	THOT-MEGPOAI OTHES	07/01/03 - 09/30/03					 	t=====	
13	Medi-Cal Costs				 	 	 	ļ	
13A		10/01/03 - 06/30/04				 	 		
14	Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03				 	 	 	L
14A	<u> </u>	10/01/03 - 06/30/04				 	 	}	
15 15A	Medi-Cal Published Charges	07/01/03 - 09/30/03 10/01/03 - 06/30/04				 	 	 	ļ
16	 	07/01/03 - 09/30/03				 	 	 	
16A	Medi-Cal Negotiated Rates	10/01/03 - 06/30/04				 	 	}	
17	Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03				 			ļ
17A		10/01/03 - 06/30/04				 	ļ	 	
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03 10/01/03 - 06/30/04				 	ļ	ļ	<u> </u>
19		07/01/03 - 09/30/03				 	ļ		
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04						 	
20		07/01/03 - 09/30/03						·	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
21	Enhanced SD/MC Costs	07/01/03 - 09/30/03							
21A		10/01/03 - 06/30/04 07/01/03 - 09/30/03					 		
22 22A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 09/30/04							
23 23		07/01/03 - 09/30/03							
23A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
24		07/01/03 - 09/30/03							
24A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
	Enhanced SD/MC (Definess) Costs				=======================================				
		07/01/03 - 06/30/04 07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04					 		
			=====						
29	Healthy Families Costs	07/01/03 - 09/30/03							
29A		10/01/03 - 06/30/04							
30 30A	Healthy Families SMA Upper Limits	07/01/03 - 09/30/03							
	_ 	10/01/03 - 06/30/04					<u> </u>		
31 31A	Healthy Families Published Charges	07/01/03 - 09/30/03							
31A		07/01/03 - 09/30/03		+					
32A		10/01/03 - 06/30/04							
		10/01/03 - 00/30/04			======	=====			
33	Non-Medi-Cal Costs		69,561	69,561	l				

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ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

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FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY
County Code: 44

			A	В	C	D	TE	F	l G
Lenal	Entity Number: 00044		 ^-	Service	Service	Service	Service	Service	Service
- cogui			Mode Total	Function	Function	Function	Function	Function	Function
	Medi-Cal Units		1	60	85			7 3 3 3 3 3 3 3	1 200
1 Alic	ocation Percentage		100.00%	5.80%	94.20%				ļ
				936	4,485				
3 Gro	oss Cost		1,947,292	112,935	1,834,357				
4 Co	ost per Unit			120.66	409.00		 	 	
	Legal Entity: SANTA CRUZ COUNTY				183.46		 	ļ	· · · · · · · · · · · · · · · · · · ·
				140.00	207.79				
7 Ne	egotiated Rate / Cost per Unit								
8		07/01/03 - 09/30/03			1,214		 		
8A Me	edi-Cal Units		·		3,263		 		·
		07/01/03 - 09/30/03							
9A Me	edicare/Medi-Cai Crossover Units	10/01/03 - 06/30/04							
10	hancad SD/MC (Children) Unite	07/01/03 - 09/30/03							
10A		10/01/03 - 06/30/04							
	hanced SD/MC (Refugees) Units	07/01/03 - 06/30/04							
11 He	althy Families (SED) Units				}		<u></u>		
TIA		10/01/03 - 06/30/04					ļ		
12 No	n-Medi-Cai Units			936_	B		<u> </u>		F
13 Mg	udi Cal Coete	07/01/03 - 09/30/03	496,524		496,524				
13A ""E		10/01/03 - 06/30/04	1,334,561		1,334,561				
14 Me	di-Cal SMA Upper Limits		222,720		222,720	<u> </u>	İ		
14A			598,630		598,630				
15 Me	di-Cal Published Charges		252,257	-	252,257				
15A			678,019		678,019		ļ	ļ'	
16 16A Me	di-Cal Negotiated Rates								
17 Med	dicare/Medi-Cal Crossover Costs							L	
17A				}					
18 Med	dicare/Medi-Cal Crossover SMA Upper Limits			———					
18A							ļ		
19A Med	dicare/Medi-Cal Crossover Published Charges			+					
20									
20A Med	dicare/Medi-Cal Crossover Negotiated Rates								
				=====	=====				
Enh	nanced SD/MC Costs			+	∤				
21A									
Enh	nanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04							
12		07/01/03 - 09/30/03							
Z3A Enh	nanced SD/MC Published Charges	10/01/03 - 06/30/04							
24	d CD (dC NoK-t-d D-t-s	07/01/03 - 09/30/03							
4A Enn	nanced SD/MC Negotiated Rates	10/01/03 - 06/30/04							
5 Enh	nanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
6 Enh		07/01/03 - 06/30/04		+					
		07/01/03 - 06/30/04							
	nanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
===		07/01/03 - 09/30/03							
9 9A Hea	althy Families Costs		+						
10		10/01/03 - 06/30/04 07/01/03 - 09/30/03							
Hea	althy Families SMA Upper Limits	10/01/03 - 06/30/04			+		 		
4		07/01/03 - 09/30/03							
Hea	althy Families Published Charges	10/01/03 - 06/30/04							
2	Mr. Francisco Manager Date	07/01/03 - 09/30/03							
ZA Hea	althy Families Negotiated Rates	10/01/03 - 06/30/04							
	I-Medi-Cal Costs		116,207	112,935	3,272	=====		=====	

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 2

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County:	SANTA	CRUZ	COUNTY
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	County: SANTA CRUZ COUNTY County Code: 44			CR	CR	CR	CR	CR	CR
	Legal Entity: SANTA CRUZ COUNTY		A	В	C	D	E	F	Ğ
Legal	Entity Number: 00044			Service	Service	Service	Service	Service	Service
	Mode: 15 - Outpatient (Program 1)		Mode Total	Function	Function	Function	Function	Function	Functio
				01	10	30	40	50	60
	Allocation Percentage		100.00%	7.25%	25.15%	15.16%	45.98%	1.17%	0.7
	fotal Units			502,496	1,436,197	359,307	2.943,482	60,406	87,6
3 C	Gross Cost		9,834,009	712,876	2,473,697	1,490,927	4,521,795	115,369	70,4
4 C	Cost per Unit			1.42	1.72	4.15	1.54	1.91	0.
	SMA per Unit			1.83	2.36	2.36	2.36	2.36	4.
6 P	Published Charge per Unit			2.07	2.67	2.67	2.67	2.67	4.
	legotiated Rate / Cost per Unit								
8		07/01/03 - 09/30/03		126,069	318,909	64,204	627,871	4,058	24,2
BA M	Medi-Cal Units			316,692	898.062	191,695	1,837,093	30,801	60,8
		10/01/03 - 06/30/04		310,092	090,002	191,095	1,037,093	30,001	00,0
9 9A	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03						49	
		10/01/03 - 06/30/04				2,040		49	
10 E	nhanced SD/MC (Children) Units	07/01/03 - 09/30/03							
TUAL		10/01/03 - 06/30/04		218	5,124	1,479	4,160	126	
	nhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04		 -					
11 H	lealthy Families (SED) Units	07/01/03 - 09/30/03		240	4,420	2,909	7,634		
11A		10/01/03 - 06/30/04	انحضنند	831	14,231	6,550	25,140	293	
12 N	Ion-Medi-Cal Units			58,446	195,451	90,430	441,584	25,079	2,5
13		07/01/03 - 09/30/03	2,058,911	178.850	549,287	266,411	964,539	7,750	19.4
13A M	fedi-Cal Costs	10/01/03 - 06/30/04	5,958,894	449,282	1,546,817	795,429	2,822,153	58,827	48.9
14		07/01/03 - 09/30/03	2,791,702	230,706	752,625	151,521	1,481,776	9,577	105,7
14A M	ledi-Cal SMA Upper Limits	10/01/03 - 06/30/04	8,020,853	579,546	2,119,426	452,400	4,335,539	72,690	266,0
15		07/01/03 - 09/30/03	3,158,635	260,963	851,487	171,425	1,676,416	10,835	119.8
15A M	ledi-Cal Published Charges	10/01/03 - 06/30/04	9,075,105	655,552	2,397,826	511,826	4,905,038	82,239	301,3
16		07/01/03 - 09/30/03	9,015,105	000,002	2,397,020	311,020	4,303,030	42,239	301,3
16A M	ledi-Cal Negotiated Rates	10/01/03 - 06/30/04							
					=====±				
17 M	ledicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A)		10/01/03 - 06/30/04	8,558			8,465		94	
18 M	ledicare/Medi-Cal Crossover SMA Upper Limits	07/01/03 - 09/30/03							
ABI	edicarentiedi-car crossover Sivia Opper Entitis	10/01/03 - 06/30/04	4,930			4,814		116	
19	edicare/Medi-Cal Crossover Published Charges	07/01/03 - 09/30/03							
19A	edicale/Nedi-Cal Clossover Fublished Charges	10/01/03 - 06/30/04	5,578			5,447		131	
20	edicare/Medi-Cal Crossover Negotiated Rates	07/01/03 - 09/30/03							
AOS	edicare/Medi-Car Clossover Negotialed Rates	10/01/03 - 06/30/04							
21 6		07/01/03 - 09/30/03							
E1 Er	nhanced SD/MC Costs	10/01/03 - 06/30/04	22,802	309	8,826	6,137	6,391	241	
			22,002		0,020		0,351	241	
22 En	nhanced SD/MC SMA Upper Limits	07/01/03 - 09/30/03	20.000	399	12 002	2 400		297	
		10/01/03 - 06/30/04	26,836	299	12,093	3,490	9,818		
3 En	nhanced SD/MC Published Charges	07/01/03 - 09/30/03			12 004	2040	44 407	336	
3A	 -	10/01/03 - 06/30/04	30,363	451	13,681	3,949	11,107	336	
24 En	nhanced SD/MC Negotiated Rates	07/01/03 - 09/30/03							
24A	- 	10/01/03 - 06/30/04				~			
5 En	nhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
	nhanced SD/MC (Refugees) Published Charges								
		07/01/03 - 06/30/04							
			20.05.	242	7.42	40.07:	44 70-		===
9 He	ealthy Families Costs	07/01/03 - 09/30/03	32,651	340	7,613	12,071	11,727		
9A		10/01/03 - 06/30/04	97,700	1,179	24,511	27,179	38,620	560	
0 He	ealthy Families SMA Upper Limits	07/01/03 - 09/30/03	36,491	439	10,431	6,865	18,016		
UA		10/01/03 - 06/30/04	115,232	1,521	33,585	15,458	59,330	691	
1 He	ealthy Families Published Charges	07/01/03 - 09/30/03	41,286	497	11,801	7,767	20,383		
IAL		10/01/03 - 06/30/04	130,378	1,720	37,997	17,489	67,124	782	
2 _H	ealthy Families Negotiated Rates	07/01/03 - 09/30/03							
2A 110	saliny i animas Negotialeu Nates	10/01/03 - 06/30/04							
				82,916	336,644				

with appropriate to except in the property of the property of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of

FISCAL YEAR 2003 - 2004

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL DETAIL COST REPORT

MH 1966 (08/04)

County: SANTA CRUZ COUNTY

Legal Entity: SANTA CRUZ CO Legal Entity Number: 00044	UNTY	H Service	Service	J Service	K Service	L	M Service	N Service
Mode: 15 - Outpatient (Pr	rogram 1)	Function	Function	Function	Function	Function	Function	Function
Latte Standard		70		 	ļ	ļ	 	}
Allocation Percentage Total Units		4.56% 104,853		 	 	 	 	
3 Gross Cost		448,909		 	 	 	 	
						 		
4 Cost per Unit 5 SMA per Unit		4.28		 	 	ļ	ļ	
6 Published Charge per Unit		3.52 3.99		 	 	 	 	
7 Negotiated Rate / Cost per Unit		9.00		·	 	ļ	ļ	
					-			
8 Medi-Cal Units	07/01/03 - 09/30/03	16,960		 	ļ	ļ		
8A Medi-Cai Gints	10/01/03 - 06/30/04	55,462			}	 		ļ
9 Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03			 	 	 	-	ļ
10	10/01/03 - 06/30/04 07/01/03 - 09/30/03			 	}	ļ	}	
10A Enhanced SD/MC (Children) Units						 		
10B Enhanced SD/MC (Refugees) Units	10/01/03 - 06/30/04 07/01/03 - 06/30/04	210		 	 			
11	07/01/03 - 06/30/04	210					 -	
11A Healthy Families (SED) Units	10/01/03 - 06/30/04	1,320				ļ	 	
12 Non-Medi-Cal Units	10/01/03 - 00/30/04	30,691					 	
								<u> </u>
Medi-Cai Costs	07/01/03 - 09/30/03	72,611						
IJA	10/01/03 - 06/30/04	237,450		L	ļ	ļ	 	ļ
Medi-Cal SMA Upper Limits	07/01/03 - 09/30/03	59,699			<u> </u>			L
14A	10/01/03 - 06/30/04	195,226						
Medi-Cal Published Charges	07/01/03 - 09/30/03	67,670						
15A	10/01/03 - 06/30/04	221,293						
Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
16A Negotiated Trates	10/01/03 - 06/30/04			<u> </u>				
17 Medicare/Medi-Cal Crossover Costs	07/01/03 - 09/30/03							
17A Medical enview-Cal Crossover Costs	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover SMA U	loner Limits 07/01/03 - 09/30/03							
18A]	[10/01/03 - 06/30/04]							
Medicare/Medi-Cal Crossover Publish	ned Charges 07/01/03 - 09/30/03							
19A)	10/01/03 - 06/30/04							
Medicare/Medi-Cal Crossover Negotia	ated Rates 07/01/03 - 09/30/03							
20A Wedicare/Medi-Car Crossover Megolic	10/01/03 - 06/30/04							
21 Enhanced SDAAC Costs	07/01/03 - 09/30/03							
Enhanced SD/MC Costs	10/01/03 - 06/30/04	899						
22	07/01/03 - 09/30/03							
Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	739						
Enhanced SD/MC Published Charges	07/01/02 00/20/02							
23AEnnanced SD/MC Published Charges	10/01/03 - 06/30/04	838						
Enhanced SD/MC Nagolisted Pates	07/01/03 - 09/30/03							
24A Emianced School Negotiated Rates	10/01/03 - 06/30/04			1				
Enhanced SD/MC (Refugees) Costs	[07/01/03 - 06/30/04				7			
6 (Enhanced SD/MC (Refugees) SMA U								
7 Enhanced SD/MC (Refugees) Publish								
8 Enhanced SD/MC (Refugees) Negotia								
10	07/01/03 - 09/30/03	200	=====	====			=====	====
Healthy Families Costs	10/01/03 - 09/30/03	899						
9A		5,651						
	07/01/03 - 09/30/03	739						
OA Healthy Families Buildished Character	10/01/03 - 06/30/04 07/01/03 - 09/30/03	4,646						
Healthy Families Published Charges	10/01/03 - 06/30/04	5,267						
2	07/01/03 - 09/30/03	3,201						
Healthy Families Negotiated Rates	10/01/03 - 06/30/04							
	[10/01/03 - 06/30/04							
3 Non-Medi-Cal Costs		131,398	7	- 1		- 1	1	

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

	County: SANTA CRUZ COUNTY County Code: 44			MHS	MHS	MHS	MHS	ASO	ASO
_	Legal Entity: SANTA CRUZ COUNTY		A	В	C	D	E	F	G
Le	gal Entity Number: 00044 Mode: 15 - Outpatient (Program 2)		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
				30	40	50	60	30	40
<u></u>	Allocation Percentage		100.00%	6.30%	75.93%	0.59%	15.10%	0.15%	1.92
2	Total Units Gross Cost		101 700	20,550	376,350	6,000	58,800	1,380	16,92
3	 		481,766	30,362	365,815	2,848	72,755	720	9,26
4	Cost per Unit			1.48	0.97	0.47	1.24	0.52	0.5
5	SMA per Unit			2.36	2.36	2.36	4.37	2.36	2.3
6	Published Charge per Unit								
	Negotiated Rate / Cost per Unit	·							
3	Medi-Cal Units	07/01/03 - 09/30/03		5,040	77,640	900	14,580	960	3,36
BA		10/01/03 - 06/30/04		15,060	294,600	5,100	43,425	420	13,56
)	Medicare/Medi-Cal Crossover Units	07/01/03 - 09/30/03							
A.	Wedicale/Medical Clossover Chilis	10/01/03 - 06/30/04							
10	Enhanced SD/MC Units	07/01/03 - 09/30/03	29 12 1 2 4 5 6		1,020				
OΑ		10/01/03 - 06/30/04	rate St. London	240	1,680	T	700		
_	Enhanced SD/MC (Refugees) Units	07/01/03 - 06/30/04					I		
1	Healthy Families (SED) Units	07/01/03 - 09/30/03							
1A		10/01/03 - 06/30/04	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
2	Non-Medi-Cal Units		120 - 100 - 100	210	1,410		95		
13	M-4: 0-10-4-	07/01/03 - 09/30/03	103,721	7,446	75,467	427	18,040	501	1,84
3A	Medi-Cal Costs	10/01/03 - 06/30/04	372,401	22,251	286,353	2,420	53,731	219	7,42
4	Adadi Cal Chia Harratian	07/01/03 - 09/30/03	271,159	11,894	183,230	2,124	63,715	2,266	7,93
4A	Medi-Cal SMA Upper Limits	10/01/03 - 06/30/04	965,594	35,542	695,256	12,036	189,767	991	32,00
5	Medi-Cal Published Charges	07/01/03 - 09/30/03							
5A	Medi-Cal Published Charges	10/01/03 - 06/30/04							
6_	Medi-Cal Negotiated Rates	07/01/03 - 09/30/03							
6A	Wiedrosi Negotiated Itales	10/01/03 - 06/30/04							
7		07/01/03 - 09/30/03							
7A	Medicare/Medi-Cal Crossover Costs	10/01/03 - 06/30/04						-	
•		07/01/03 - 09/30/03							
8A	Medicare/Medi-Cal Crossover SMA Upper Limits	10/01/03 - 06/30/04							
0		07/01/03 - 09/30/03							
9A	Medicare/Medi-Cal Crossover Published Charges	10/01/03 - 06/30/04							
$\overline{}$	Mar Proceedings of Colors of Mary Parks of Colors	07/01/03 - 09/30/03							
OA	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/03 - 06/30/04							
7		07/01/03 - 09/30/03	004		991				
1 A	Enhanced SD/MC Costs	10/01/03 - 06/30/04	991 2,854	355	1,633		866		
2		07/01/03 - 09/30/03	2,407	333	2,407				
2A	Enhanced SD/MC SMA Upper Limits	10/01/03 - 06/30/04	7,590	566	3,965		3,059		
2		07/01/03 - 09/30/03	7,590	300	3,503		3,038		
3A	Enhanced SD/MC Published Charges	10/01/03 - 06/30/04							
4		07/01/03 - 09/30/03						+-	
4A	Enhanced SD/MC Negotiated Rates	10/01/03 - 06/30/04			+				
$\overline{}$									
	Enhanced SD/MC (Refugees) Costs	07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
		07/01/03 - 06/30/04							
3 1	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/03 - 06/30/04							
9 ,	1-14-15-18-1 C-14	07/01/03 - 09/30/03							
DA I	Healthy Families Costs	10/01/03 - 06/30/04							
1	Jackhy Camilias SMA Llanas Limita	07/01/03 - 09/30/03							
JA,	Healthy Families SMA Upper Limits	10/01/03 - 06/30/04							
1 1	Janthy Esmition Bublished Charges	07/01/03 - 09/30/03							
1A	Healthy Families Published Charges	10/01/03 - 06/30/04							
2		07/01/03 - 09/30/03							
Ā	leadily 1 amiles Hegoliated Nates	10/01/03 - 06/30/04							

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY

County Code: 44

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	Legal Entity: SANTA CRUZ COUNTY	Α	B	C	D	E	F	G
Le	gal Entity Number: 00044		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach	Mode Total	Function	Function	Function	Function	Function	Function
			20					
1	Allocation Percentage	100.00%	100.00%					
2	Total Units		6,269					
3	Gross Cost	282,108	282,108					
4	Cost per Unit		45.00				<u> </u>	·/-
5	Non-Medi-Cal Units		6,269					
6	Non-Medi-Cal Costs	282,108	282,108					

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

MAA

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

MAA

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FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY

County Code: 44

Non-Medi-Cal Costs

Legal Entity: SANTA CRUZ COUNTY $\overline{\mathsf{B}}$ С D Ε G Α Legal Entity Number: 00044 Service Service Service Service Service Service Mode: 55 - Medi-Cal Administrative Activities Mode Total Function Function Function Function Function Function 01 04 24 31 11 Allocation Percentage 100.00% 46.04% 1.92% 14.02% 37.99% 0.03% Total Units 94,525 3,938 78,008 60 28,797 162,803 Total Expenditures 74,948 48 3,122 22,833 61,852 Cost per Unit 0.80 0.79 0.79 0.79 0.79

13,147

MAA

DEPARTMENT OF MENTAL HEALTH PAGE 1 OF 1

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL MH 1966 (08/04)

DETAIL COST REPORT

FISCAL YEAR 2003 - 2004

County: SANTA CRUZ COUNTY

County Code: 44 CR CR CR CR

Legal Entity: SANTA CRUZ COUNTY	A	В	C	D	E	F	G
Legal Entity Number: 00044	1	Service	Service	Service	Service	Service	Service
Mode: 60 - Support	Mode Total	Function	Function	Function	Function	Function	Function
	7	20	30	40	60		
1 Allocation Percentage	100.00%	13.84%	24.36%	31.97%	29.83%		
2 Total Units		1,375	2,420	3,176	2,963		
3 Gross Cost	596,061	82,500	145,200	190,561	177,800		
4 Cost per Unit		60.00	60.00	60.00	60.01	for the first of the first of	
5 Non-Medi-Cal Units (Same as Line 2)	特殊的政治。	1,375	2,420	3,176	2,963		
6 Non-Medi-Cal Costs (Same as Line 3)	596,061	82,500	145,200	190,561	177,800	<u> </u>	

DEPARTMENT OF MENTAL HEALT.

DETERMINATION OF SD/MC DIRECT SERVICE AND MAA REIMBURSEMENT MH 1968 (08/04)

FISCAL YEAR 2003 - 2004

	County: SANTA CRUZ COUNTY County Code: 44				DEIMBLID	SEMENT TYPE	PC		Costs) !	Costs	1
_	Legal Entity: SANTA CRUZ COUNTY		A	ТВ	C	D	E	F	G	н		J	K
Leg	al Entity Number: 00044	107/04/02 00/07/02	S.F.'s 01-09	Mode 55 S. F.'s 11-19	S. F. s. 21-29	Total MAA	Total Inpatient Mode 05- Hospital	Mode 05-All Other	Mode 10	Mode 15 Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Program (2)	Total Outpatient (Col. I + Col. J)
1A 2	Medi-Cal Costs Medi-Cal SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03					 		496,524 1,334,561 222,720	2,058,911 5,958,894 2,791,702	2.555,435 7,293,455 3,014,423	103,721 372,401 271,159	2,659,156 7,665,856 3,285,581
2A 3 3A	Medi-Cal P. C.	10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04	 						598,630 252,257 678,019	8,020,853 3,158,635 9,075,105	8,619,483 3,410,892 9,753,124	965,594	9,585,076 3,410,892 9,753,124
4 4A	Medi-Cal N. R.	07/01/03 - 09/30/03 10/01/03 - 06/30/04											
5 5A	Medi-Cal Gross Reimbursement	07/01/03 - 09/30/03 10/01/03 - 06/30/04					-		496,524 1,334,561	2,058,911 5,958,894	2,555,435 7,293,455	103,721 372,401	2,659,156 7,665,856
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04			3 3 3 3 3					8,558	8,558		8,558
7A 8	Medicare/Medi-Cal Crossover SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					4,930	4,930		4,930
8A 9	Medicare/Medi-Cal Crossover P. C. Medicare/Medi-Cal Crossover N. R.	10/01/03 - 06/30/04 07/01/03 - 09/30/03		7 3 4	14 14 1					5,578	5,578		5,578
9A 10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/03 - 06/30/04 07/01/03 - 09/30/03	===	10 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	از طاع از میراد با طاع ۱ در میراد								
10A 11 11A	Total SD/MC + Crossover Gross Reim.	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04				20,49			496,524 1,334,561	8,558 2,058,911 5,967,452	8,558 2,555,435 7,302,014	103,721 372,401	8,558 2,659,156 7,674,415
12 12A	-Enhanced SD/MC (Children) Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04			Maria (MV) Alba					22,802	22,802	991 2,854	991 25,656
13 13A 14	Enhanced SD/MC (Children) SMA Enhanced SD/MC (Children) P. C.	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03			10 10 10 10 10 10 10 10 10 10 10 10 10 1	Programme Community				26,836	26,836	2,407 7,590	2,407 34,426
14A 15	Enhanced SD/MC (Children) N. R.	10/01/03 - 06/30/04 07/01/03 - 09/30/03	3.1	, a	and the state	es Su				30,363	30,363		30,363
15A 16A	Enhanced SD/MC (Children) Gross Reim.	07/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04			and the second	(i)				22.802	22,802	991	991
17	Enhanced SD/MC (Refugees) Cost Enhanced SD/MC (Refugees) SMA	07/01/03 - 06/30/04 107/01/03 - 06/30/04			1/ 1/ pt 1 (4)	7. C.C.L.C				22.802	22,502	2,854	25,656
19 20	Enhanced SD/MC (Refugees) P. C. Enhanced SD/MC (Refugees) N. R.	07/01/03 - 06/30/04 07/01/03 - 06/30/04		3 3 3 3	September 1	# A							
21 21A	Total Medi-Cal Gross Reimbursement (Excludes Refugees) Enhanced SD/MC (Refugees) Gross Reim.	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 06/30/04			Angele del	17 9 1 jan 25			496,524 1,334,561	2,058,911 5,990,254	2,555,435 7,324,816	104,713 375,255	2,660,148 7,700,071
	Healthy Families Cost	07/01/03 - 09/30/03 10/01/03 - 06/30/04				2 2 2 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				32,651 97,700	32,651 97,700		32,651 97,700
23 23A 24 24A 25 25A 26	Healthy Families SMA	07/01/03 - 09/30/03 10/01/03 - 06/30/04 07/01/03 - 09/30/03	4		<u>Joseph Joseph</u> Joseph Mosan Nachricker SM M	1 2 1				36,491 115,232 41,286	36,491 115,232 41,286	- 1 2	36,491 115,232 41,286
25A 26	Healthy Families P. C. Healthy Families N. R.	10/01/03 - 06/30/04 07/01/03 - 09/30/03 10/01/03 - 06/30/04		9		Layers 16 Au				130.378	130,378	1	130,378
26A 27 27A	Heelthy Families Gross Reim	07/01/03 - 09/30/03			- Tan Con					32,651	32,651	1 196	32,651
-T	Less: Patient and Other Payor Revenue	10/01/03 - 06/30/04 07/01/03 - 09/30/03		3	San San San San San San San San San San	Service Services				97,700	97,700 15,655		97,700
28 28A 29 30	SD/MC + Crossover Revenue Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue Healthy Families Revenue	10/01/03 - 06/30/04			Andreas	de a traca				46,398 329	46.398 329		46 398 329
32 33 34	Total Expenditures from MAA (Mode 55) Medi-Cal Eligibility Factor (Average) Revenue - MAA		74,996	64,974 85.0	22,833	162,803						al significant	A CONTRACTOR
DA	Net Due - SD/MC for Direct Services Net Due - Enhanced SD/MC (Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04	74,996	55,246	19.414	149,656			496,524 1,334,561	2,042,927 5,943,856	2,539,451 7,278,418	104,713 375,255	2,644,164 7,653,673
	Net Due - Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04		No south	en en en en en en en en en en en en en e	and March				32,651 97,700	32,651 97,700		32,651 97,700
	Amount Negotiated Rates Exceed Costs				all a single								
8 8A	SD/MC (Includes Children) Enhanced SD/MC (Refugees)	07/01/03 - 09/30/03 10/01/03 - 06/30/04				to ape						10	
0 0A	Healthy Families	07/01/03 - 09/30/03 10/01/03 - 06/30/04			Some i	3 400							

DETAIL COST REPORT

DEPARTMENT OF MENTAL HEALTH

FISCAL YEAR 2003 - 2004

SD/MC PRELIMINARY DESK SETTLEMENT MH 1979 (08/04)

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Legal Entity: SANTA CRUZ COUNTY		A	В	C	D	Ė	F	G	Н		J
Legal Entity Number: 00044		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	54.35% FFP	52.95% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)					1.	1 7 7 7		1		
1 County SD/MC Direct Service Gross Reimburse				10,360,218	10,360,218		2.3.5].		2 V	4
2 Contract Providers Medi-Cal Direct Service Gro	ss Reimbursement		1,395,658	8,371,037	9,766,695		7 - 1 - 1			Transfer Superior	
3 Total Medi-Cal Direct Service Gross Reimburse	ment			and the ethical section	20,126,913	-	Auto Atom		100	Alam College	
4 Medi-Cal Administrative Reimbursement Limit					3,019,037		No.			4.0	
5 Medi-Cal Administration					2,777,480		0.5.3.		1. 1. 3.	graffer and the	
6 Medi-Cal Administrative Reimbursement		1		Legacia Section	2,777,480	1,388,740				W. A. A. L.	1,388,740
Healthy Families Administrative Reimbursement	(County Only)						44		1	and a control of the control of the	
7 County Healthy Families Direct Service Gross R		also also	 	130,351	130,351	T-10-10-10-10-10-10-10-10-10-10-10-10-10-	7.5A		1		
7A Contract Providers Healthy Families Direct Servi			 	72,537	72,537	i and i	100		1 4 5		
7B Total Healthy Families Direct Service Gross Rei					202,888		175 C. C. C.		3	1 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	1 - 1 - 1 - 1 - 1
8 Healthy Families Administrative Reimbursement					20,289	6 01-11	To Marilla Control	1 1 2	4. 1. 47	Section 1	
9 Healthy Families Administration			. 1.	1985 CAR 1888	34,435		4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.30		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1.
10 Healthy Families Administrative Reimbursement			1.20		20,289		100		13,188	Take to the first of	13,188
SD/MC Net Reimbursement for MAA						affinishing species	To T 10 T 10 T			10-11-5-1	
11 Medi-Cal Admin. Activities Svc Functions 01 - 09	,	74.996			74,996	37,498	3			171.00	37,498
12 Medi-Cal Admin. Activities Svc Functions 11 - 19		55,246			55,246	27,623					27,623
13 Medi-Cal Admin. Activities Svc Functions 21 - 29		19,414			19,414					14,561	14,561
14 Utilization Review-Skilled Prof. Med. Personnel (1.5				650,399				1 2 100 100 100 100 100 100 100 100 100	487,799	487,799
15 Other SD/MC Utilization Review (County Only)	County Only)				167,771	83.886	2.2			467,733	83,886
						83,800		Mr party in	1981 18 1 18 1 18 1 18 1 18 1 18 1 18 1	23 2 23 2	
SD/MC Net Reimbursement for Direct Services	07/01/03 - 09/30/03			2,643,501	2,643,501	2.35 (2.5 (2.5)	1,436,743	The Maria	Consult Shari	in Million	1,436,743
IDA	10/01/03 - 06/30/04		L	7,628,017	7,628,017		100 000 000 00	4,039,035	2.00	8 36 M.	4,039,035
Enhanced SD/MC Net Reimb. (Children)	07/01/03 - 09/30/03	<u> </u>		662	662		Ret_r _		431		431
1/A	10/01/03 - 06/30/04	<u>`</u>		25,656	25,656			<u> </u>	16,676		16,676
18 Enhanced SD/MC Net Reimb. (Refugees)		<u> 1,5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>				. 4,5	3-2-2	أحتر المساحب			
19 Total SD/MC Reimbursement Before Excess FFI		1 1924		b, *			Jan American	The second second	3 June 25 - 1 E.	-44 C. 48 A	7,532,991
20 Amount Negotiated Rates Exceed Costs - SD/M	C & Enh. SD/MC	2				Parameter and American	March Land	4 7 7 4 7	And the last	JV7 . 10	
21 Total SD/MC Reimbursement (FFP)				Jan 4 50 20 5	The state of the state of		15 40 3 mail	7.1	1.6		7,532,991
22 Contract Limitation Adjustment		1.52		1 2 2 2 2		1,130	学生的相互协助	5 5		Service of Services	
23 Adjusted Total SD/MC Reimbursement (FFP)			× 4/4	1 1 Tay		1.5	97 0 kg 1			Carlotte Rose	7,532,991
24 Hoolthy Familias Not Baimburgament	07/01/03 - 09/30/03			32.651	32,651			3.7	21,223		21,223
Healthy Families Net Reimbursement	10/01/03 - 06/30/04			97,700	97,700				63,505	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	63,505
25 Total Healthy Families Reimbursement Before Ex				37,700	77,700			 	05,505		97,916
26 Amount Negotiated Rates Exceed Costs - Health							8	Part of the co	Part de la lace	Santon Comment	71,710
27 Total Healthy Families Reimbursement	, , a	·			 	1	10 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		4.149	97,916